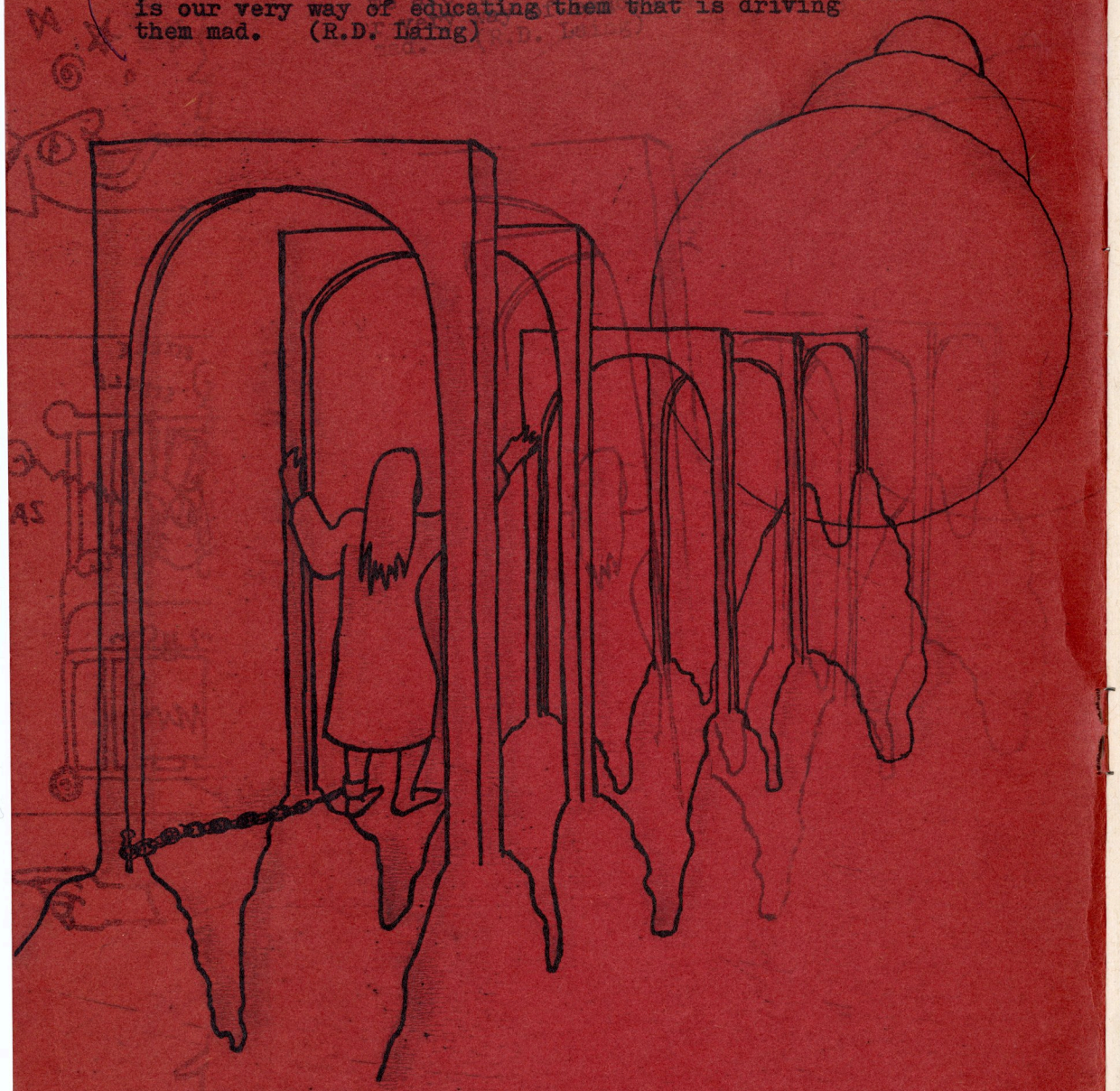
summer 1971

RED RAT 3

15p

the journal of abnormal psychologists

A child born today in the UK stands a ten times greater chance of being admitted to a mental hospital than to a university, and about one-fifth of mental hospital admissions are diagnised schizophrenic. This can be taken as an indication that we are driving our children mad more effectively than we are genuinely educating them. Perhaps it is our very way of educating them that is driving them mad. (R.D. Laing)



The midtown Manhattan study sought to develop structured scales that would yield an estimate of the prevalence of illness in a community. Of some 1660 adults studied, only 18.5% were regarded as "well" and over 50% were suffering from moderate symptom formation or even more severe incapacities. (Handbook of Social Psychology 1969)

The best performance, the one that goes all the way, is the one that achieves madness - Mick Jagger, in the film 'Performance'.

mental hospitals edition

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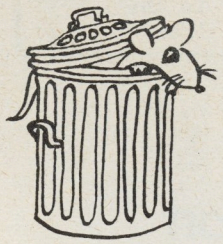


THE BIN

People come here because they are sick of themselves or because other people are sick of them.

They - we - you - may be pointlessly stored for a while or a lifetime in barracks impregnated with the smell of piss and despair. They may find rest and restoration.

They may be sickened with drugs, made stupid by shock and diminished by having their gestures regarded as behaviour and their philosophy regarded as no more significant than the spots of the chicken-poxed.

They may find great friendship and imagination and be inspired to ask new questions.

We who work here are capable of the ritual silliness of the diagnostic case conference and can manifest a tenacious and kindly intelligence.

Those outside the bin have so little concern for us that they reduce us to symbols of their own concerns - the daft vision of the saintly guarding the dangerous, the daft vision of the villainous imprisoning the inspired.

Some of our needs are no great mystery. Money to avoid the unintended humiliation of the shoddy dress and the half-masted trousers, to escape from our forefathers the workhouse masters and the pauper insane. People to end the absurdity of offering a man twenty minutes to explain his life, and to end the line-production methods of the pill and the work routine which are done because they can be done. A meeting with the community outside us so that we become less obsessed with how different we are.

And we must cease our wicked mimicry of the hospital and forget about illness, so that not only do we not use such a word to label a man's most personal concerns, but we cease to cure him, diagnose him, list him as a bed, allot him a prognosis, domicile him in a ward, offer him occupational, chemo- or psycho-therapy, disguise ourselves as doctors and nurses and clinical psychologists, or be afraid to assert our own personal rights in relation to him.

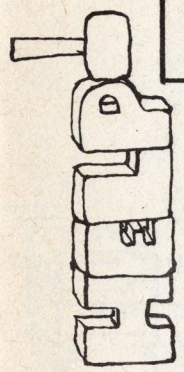
If the bin did not have to be a hospital, it could become a fair place to live in, a place in which men could repent - in its true sense of re-think - an asylum for those who have found elsewhere an idiot repetitive trap. And if it did not have to be a hospital, the bin could abandon its bleak physical and psychological hygiene and become an experimental laboratory for people who want to venture new hypotheses where there is not so much background noise that you cannot tot the results. If it did not have to be a hospital, the bin could forgive and forget its nervous bureaucracy and let the person who comes here find out whether he has the clue to glory or only a hurtful tautology - without listening to those who insist that men in psychological uproar all have the one or all have the other. We could stop putting men and women to bed early as if they were children, and rest the tired bones of our minds while they do some deciding.

True the bin reflects, supports, stems from, is part of our class society. True only the revolution can liberate it. But revolution does not subsist in revolutionary incantation and revolutions do not have a beginning and an end. Revolution is infinitely located in time and place, and one of the times could be now and one of the places the bin. But revolution is tedious work.

For those of us who live in the bin it is a dull, comical, sad and beautiful place to live. Perhaps sooner than other places we shall become a community where we avowedly try to understand and be understood.

"Even facts become fictions without adequate ways of 'seeing' 'the facts'. We do not need theories so much as the experience that is the source of the theory. We are not satisfied with faith, in the sense of an implausible hypothesis irrationally held: we demand to experience the 'evidence'."

R.D.Laing: "The Politics of Experience"



the Trials of a severe chronic anxiety case/female/25 years

STAGE ONE

After a long history of physical anxiety symptoms and vague illness which doctors were not able to do anything about I finally had a heart attack, was carted off to hospital, examined, told there was nothing wrong with me and discharged, without a sedative.

STAGE TWO: three months later

After trying unsuccessfully to ignore further attacks I saw a G.P. who thought he detected a flutter in the bottom left ventricle and packed me off to hospital.

STAGE THREE

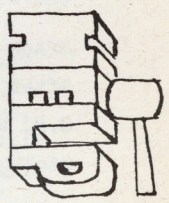
Arrived at the Cardiac Unit weighing by that time about six stone and hardly able to walk about. Was told I couldn't have an appointment for three weeks. But I'm off work, I said, and I haven't a medical certificate. Well, we can't help that, they said. Boohoo, I said, and staggered about a bit (in front of all those nice people too who all said Ahhh). After a whispered consultation the authorities decided they could fit me in after all. They couldn't do much else, since I was practically passing out all over them.

STAGE FOUR

Was hustled into a lecture theatre where a Very Great Specialist was giving a lecture to several Medics, put on a couch and asked a lot of questions by a young female Medic. SUDDENLY the Very Great Specialist turned round and walked towards me with an army of white-coated Medics bringing up the rear. The X-rays pinned up on the board were MINE. Now you see, he said, here is an example of a psychosomatic heart disorder, as he opened up my hospital robe exposing my spare ribs and non-tits to the piercing titying eyes of several-thousand-young-men. Give us the case-history, Julia. As J. read off the history of this very instructive case I was tapped, prodded, listened to, further exposed, prodded again, and above all stared at. Julia was cut short before she got to the important bit about the recent attacks, with a, well, there you are you see, E.C.G. normal, X-rays normal, sample normal, nothing wrong with her at all, except that she's very thin, wouldn't you agree? They all agreed rather too enthusiastically. Then followed a short lecture on the way to spot a hypochondriac, while I was told to get dressed, dear, and are you sure you're not on any drugs? and, that's not a very nice area to live in, is it, are you quite sure you feed yourself properly?

STAGE FIVE

Boohoo. Well, there you are, so you see there's nothing at all wrong with you, so you can relax and stop worrying about it now, can't you? Boohoo boohoo. Is there anything else you feel you should tell us? Boohoo boohoo boohoo. Well, perhaps you would like us to refer you to Psychiatry, would you like that? Boohoo. A nurse was provided to take me Up There. Up There couldn't take me for two weeks.



STAGE SIX

Had an attack the morning of my appointment and so missed it. Went in the afternoon and was told they couldn't fit me in now for another three weeks, and would I please not waste the doctor's time like this again.

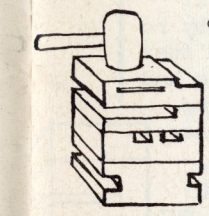
STAGE SEVEN

Finally made it as far as Psychiatry. Nice young female Medic took 2 hour long case history. Waited about 1 hour. Ushered into a small room containing no less than 20 student psychiatrists all with their eyes absolutely RIVETED on me, all of whom, I realized, were in possession of every gory detail of my sex - life, hang-ups and repressions. Wow. Stared at a patch on the carpet and answered questions like, do you like queuing up in shops? No, not particularly. What do you dislike about it?

I get annoyed with the people in front if they're taking longer than necessary. So you would say you had a phobia about queuing up in shops? No! But you just said it makes you feel irritated. Gurgle. What do you do if you have to queue up in a shop? I go to another shop. So this phobia, in fact, incapacitates you from doing your shopping. Inward scream.

STAGE EIGHT: 2 weeks later

By this time I was well on the way to solving my problems, or at any rate had made a start, and with the help of a great deal of librium and smoke, my existential dilemma was getting along nicely, thank you, and inhibitions were dropping like flies, as it were. First session with therapist who had the manner of a rather delicate steamroller and who believes repressions should remain firmly repressed. Tried to communicate some of my ideas and was gently flattened, told I was a perpetual student, wasn't I (with a wellpracticed glint of understanding) and was packed off hurriedly when my half-hour was up, with a Now I Want You To Promise Me Never To Take L.S.D. Again Because It's A Very Dangerous Drug.

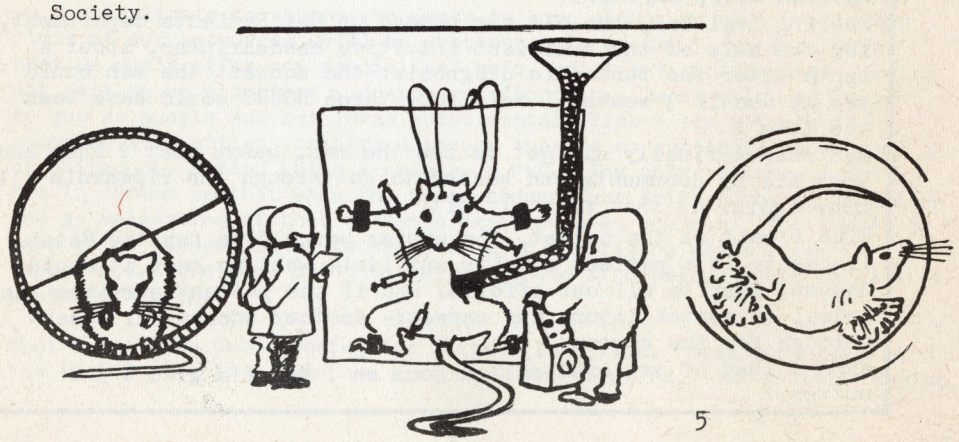


STAGE NINE

It is revealed he wants me to be a subject in his experiment, and I keep getting, Yes yes yes now about this experiment. Am given drugs which are supposed to be mild tranquillisers, but which in fact knock me out for about 36 hours and cause me to miss two days' work.

STAGE TEN

I say I won't go on with the experiment. He is peeved, put out and obviously no longer interested in my problems. Gets rid of me after a token interview. I decide not to go back. If I carry on going, and saying the things he wants me to say, so that he'll keep handing out the librium, with a reward system like that, according to Behaviour Theory, I might just end up conditioned as a Useful, Productive and Well-Integrated Member of Society.



in the land of the kooks the hare-brained screwball is King

What I like about this permissive society we all have here is its absolute indifference to the mentally injured. Of course there are all sorts of institutions and outfits dedicated to the repairing of the damage done by merely living in an insane societal system euphemistically called "Western Democracy"; but these institutions merely exalt the grander folly, by getting the mentally injured to adjust and conform to the values of the rat race system.

Being as mad as they come, I'm not as mentally ill as the soft soap peddlers maintain. I feel rather glad that I'm out of all that bullshit known as conforming to society, adopting the values and conventions which will lead to a sane and normal existence among ordinary people. Have you seen those ordinary people ? Do you consider those values of ordinary people to be ennobling, enriching, character-building ? Hell no! a damn sight more value and enrichment will emerge from your own resources if you had a nervous breakdown off your own bat.

All the same, when you do have a nervous breakdown you do need someone with a knowledge of the ropes to get you over the worst passages, and to reassure you that what you are suffering is by no means out of the ordinary. Mu one great stroke of fortune was that the one I loved could be helped by me, an old stager, when she had a nervous breakdown. No fogging of the mind with drugs and tranquillizers, no doping with barbiturates, but the pure experience, unalloyed.

My own safari into unreason was without a guide and was a much rougher passage. I did get to learn of the existence of help, but it was of a most unreliable kind: let me give you two instances.

I was as cuckoo as they come, and my local hospital had referred me to the London Hospital for psychiatric help. My first appointment took in documentation: unfortunately the referring letter had not arrived from the local hospital, so the head shrinker decided, from mere observation, that I was not a serious case. The glandular fever that had brought on the madness was nothing but a figment of my disordered mind. How about that ?! All those days I'd lain in dock with a temperature of 104 were imaginary ! As a hypochondriac I'd been so good that I'd even got my white and red corpuscles to fool the phlebotomist when it came to a blood count. Hey! with an act like that I ought to be on T.V.

If you've ever suffered mentally then you know that sometimes you feel so frightened, so ashamed, so depressed, that you feel your own violence erupting against yourself. At the time it's hell and you want - desperately need - reassurance from someone who can help; anyone.

Feeling real bad, the old mug phoned up Out Patients department, for the help of the brilliant intuitive headshrinker, about a month after the fantastic diagnosis: the soonest the man could see me was in 3 weeks! I tell you, three HOURS would have been too late !

And when I finally did get to see the man, guess what ? They had lost all my documents and wanted to go through the rigmarole all over again. At that point I left.

Like I said at the outset, the system works fine for the Establishment. If a patient commits suicide:- well we knew it would happen, despite all our efforts. And if the patient survives the ordeal of mental injury and unrest:- another successful breakthrough for the system.

What a load of rationalisation goes on ! Me, I'm glad I'm a nutter.

people not psychiatry. an interview with jack of PNP

PEOPLE NOT PSYCHIATRY

HUNG-UP/ISOLATED/DESPERATE/ SCHIZOPHRENIC/ETC? THEN PHONE:-

Jenny-Jerry-Jack	N14	603 4042
Peter	NW3	794 6369
Geoffrey Tucker	Harrow	868 8749
Maggie-Tony	W13	567 3941
Irene-Tony	SE19	653 7778
Val-Pete	NW3	485 9370

PLUS 100 MORE LONDON & REGIONAL CONTACTS. 'PHONE FOR DETAILS.

Red Rat: I'll start by asking how PNP started.

Jack: It started a couple of years ago. I think a chap called Mike Barnet was working in a mental hospital as a nurse. He had the usual feelings about mental hospitals and was fed up with the way things were run. He decided to set something up outside where people might go instead of going into hospital. He advertised in International Times and said "if you are dissatisfied with the ordinary kinds of hospital treatment maybe you might like to contact me". A group of people did and they started up a group of ten or eleven in about July '69. They were the core, the beginnings of the network. They advertised in International Times again and Mike Barnet, for a lot of the time was taking the biggest load of the people because his number was put in the paper. He was seeing people constantly and that was what it was most of the time.

A lot of people came in and passed through and a lot of people stayed. I came along about last July.

To begin with, it was just that; just an informal network of people with addresses and 'phone numbers published and people would ring up to say "tell me more about PNP" and we'd say "what we are is an ordinary network of people. There's no structure or organization involved, and we are available to anyone who wants to come along and chat and to the limit of our resources we'll be whatever help we can. The idea being that we don't offer any specialised help, we're not professionals, we're not setting up a patient - doctor relationship. We're going to relate to you as people and our ideas about mental illness are vaguely in sympathy with anti-psychiatry although there's no particular ideology or philosophy behind being a member of PNP. The only thing everyone has in common is that when one meets someone one tries to be as accepting and as validating of that person's experience as you can. Not trying to make value judgements or interpretting or theorizing about their experience. The idea being to be just there if a person wants to talk or wants some help."

That's how it's been running for quite a long time. More recently, in the last 3-6 months, some new projects have occurred, like this PNP house.

It was set up just over a year ago because of the demand and pressure of people phoning up - lots of people wanting crashpads, and it was felt there really needed to be somewhere that was available. This place here was started as a PNP house and the original idea was to keep it as an open house so that when people phoned up we could say "there's us and there's also the PNP house that you can go along to". What happened was that it was so incredibly under pressure that the place was overrun and people were crashing all the time so we cooled it a bit: we're more restrictive now. Anyone that wants to come along can come but we don't just say that anyone can stay if they want to: nevertheless people always are staying.

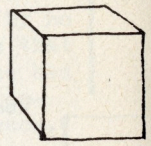
Also another thing which has been going on for quite a time is the Friday meetings. Every Friday there is a meeting at someone's home.

Q: How big are these meetings?

They vary. Last week it was very bad, only about 15 people turned up. Sometimes we've had meetings when there have been almost 100 people.

Q: Are these meetings primarily for the people who run PNP?

Inevitably if you've been in PNP a long time you recognise people and there are people who are doing things in PNP like writing out networks. But what is lucky is that the people who are doing more work than others are the people who are wanting power because of that... There's no leader saying "this is how I want it to be". There's no one that you have to go to ask permission. You just tell people you're doing something. So inevitably, after six or seven months, when you go along to a meeting you feel an old hand. But that doesn't give you any more authority. People do tend to relate to you as a kind of experienced 'PNP-ite', if you like. I think it's very firmly believed that there mustn't be any structure or any hiarachy. You don't allow yourself to be given a special position. There's nothing to be got out of a special position except just, perhaps, status.



Q: What interests me is that you aren't differentiating between the people who run PNP and the people who come for help.

Right, because, in fact, if you ask most of the people who would say that they are in PNP at this moment most of them have come wanting help. Very few people have come just wanting to help, phoning up saying they want to help. And even if they do, like I did, they get help. You just do. I think the philosophy is that sometimes you're up and sometimes you're down, sometimes you're in a strong position and sometimes you can give and sometimes you need to take. At one moment in time you're giving or taking, or you're doing both. There's no rigid kind of role relationship in PNP. You can be in any role.

Q: What sort of problems do people have when they first come?

All sorts of problems, from purely problems of information, needing a place to live, finding work, wanting to crash, being upset by the instability of their living - to people who've been in a mental hospital who are really freaking out a bit, and just don't want to get into hospital again. And so every sort of problem. For example, there's a guy I've been talking to whose broken up with his girlfriend and its brought out loads of problems and feelings inside him so that he wanted to talk about them. We just talked about his feeling about his girlfriend, how his girlfriend is involved in it, what he wanted to do, how he felt about it. And then there was a chick that came round last night talking about how she feels a loss of contact with other people. I'm not sure what I do. I'm not sure that I can give therapy. We just talk about it, thats all really. Just offer other possibilities perhaps. Maybe it is a kind of therapy. I don't set out to give therapy sessions although sometimes I may do; that is, I use particular techniques. That's just me. Other people do different sorts of things.

Q: How about concrete problems, like someone needs somewhere to live? There's not much you can do about that I suppose.

There's not a lot. You can only try to use the network. What can

happen, and does happen, is that people can get literally supported over a period of months. There are people that have been crashing in one persons place after another. Sometimes that's good and they get some strength to go out and find their own pad. Other times they are exactly the same and you get, if you like, the 'old lags' of PNP. You feel, what's happening, they're not moving. But if there wasn't PNP, where would they be? God knows. They'd latch on to other people I'm sure. There's one guy I know whose been living off PNP for a year, he lived at my place for sometime and it really became too much for me and he had to leave and he bums off everyone he can and he comes back to PNP as one of the places he bums off. I think the attitude is you get to know a person and you give what you think you can give to people who are trying to manipulate you and you don't always say "come round" to that kind of person when they phone. You tell them to, maybe, try something else. Or deal with something on their own.

Q: What do people disscus at a meeting?

A lot of times people are talking about themselves and their feelings. Common discussion subjects tend to be around their problems and how they see their problems. People talk about society, fairly obvious subjects get talked about. And people are often talking about what they think of PNP. They are the subjects that come up quite a lot of the time. Often someone who is new to the group comes to talk about themselves and often, not just about themselves, but their ideas. That's another thing. A lot of people in PNP are not only isolated in terms of feeling isolated because of the feelings they have, of the distress they're in, but the ideas they have about the situation they find themselves in; their ideas about society, for example, or their ideas about any subject, about work or not doing work, about their parents.....

Q: That leads me to another question I want to ask. How does a PNP meeting differ from say normal social contact; say, for example, an evening with friends in the pub?

The difference is that everyone who comes to the meeting has an idea about PNP in a sense that it is permissive and accepting of people and is, in a sense, critical of the establishment. Certain ideas that people have about PNP. Hopefully, over the phone people are given the feeling of security that they can talk about what they want, the feeling that in PNP one can be honest about one's feelings and one's thoughts - and one won't be shouted down or criticised or kicked out. And so in a pub or at a party discussion tends to become very stereotyped or formalized. At a party about 2 a.m. perhaps things get going with people talking about themselves, and their feelings. In PNP people feel they can get into this, in other words they really want to get into it much quicker.

A PNP meeting has got some of the elements of a pub or a party in that it is people making social contacts and I suppose also people go along to enjoy themselves. But there is also an attempt to be permissive. There's a feeling that at a PNP meeting if someone suddenly started crying, if someone really felt bad, they could feel bad and people would respond to them and wouldn't be embarrased and politely try to ignore them.

Q: Does that kind of thing ever happen?

Yes, it does happen. People get very up tight and just feel very bad and want people to talk to them. And there are always enough people around at a meeting for someone to see someone in that state and help them and be with them a bit. Or if someone just wants to be quiet because they feel depressed although in the company of people they can and people won't feel embarrased or look at you. This is because one has the feeling that everyone there goes through similar sorts of things. No one there is denying that one goes through those sorts of things. I mean, in a pub you would feel guilty and that you would need to hide it. At a party you might feel awkward and embarrased by your feelings and that you were imposing yourself on people. You might feel this wasn't the time to have those kind of feelings. This doesn't happen at a PNP meeting.

Q: An organisation like PNP must relieve the pressure on the official psychiatric services. You must be saving them some money now?

Yes, that's possible. Also there are a lot of people in PNP who are in psychiatric care at the same time and use PNP as an added help. And there are people who feel they've been fucked up by straight psychiatry, as it were, and come to PNP and feel its much better than ordinary straight psychiatry. I personally hesitate to say we are a substitute or an alternative in any way to psychiatry, just because from my own experience the pressure on me and on other people is so great I don't feel I've got the right to set myself up as an alternative because I just haven't got the time or probably the ability to be able to provide what people are looking for when they come to the psychiatric services.

Q: But supposing you were, say, given a grant from the Ministry of Health to work full time at home then you ..ld do much more?

That might be so but, you see, the important thing about PNP is that the people are not professionals. My role in PNP is not as a professional. And as soon as you pay me, give me a pad and support me for being a PNP person I'm no longer just someone in PNP, another person. I've got a role; that makes me different from other people. And that's the good thing and also the difficult thing about PNP in that one doesn't have a rigid role in PNP, that one can then ask for money or assistance. I suppose there is also the idea behind PNP that one should respond to people because one is a person and not because one is paid to do it or because it's one's role. That's what PNP means. People, not psychiatry. And there is no reason why one should be paid and capture the role of helper, because one can't always help. If one is paid there is the assumption that one should always be in a position to help. I don't think I am and I don't think many people are.

Another important difference in PNP in terms of helping people is that, because there are no rigid roles and there is no institutionalization of roles, all the people you meet are potentially a person who is a friend, just someone who you meet.

Q: They can give you something?

Yes, most of the people I know I've met in someway through PNP. And when we meet we don't say "this is a PNP meeting"; it's a people meeting. Because there isn't any role relationship or labelling in PNP, people, who, at one moment in time one could recognise as people who are helping, nevertheless still feel that they want to be helped and don't feel that they mustn't talk about their lives, their own personal problems. I've experienced this in reality when I've worked in a clinic as a psychologist. Someone's talking to me about their problems and I take on the role of listening to them and I can't share my experiences with them very much. And they certainly don't talk about my experiences with me. If no one turned up at the clinic there wouldn't be anything for the psychologists to do, whereas there would still be PNP even if suddenly no one wanted to be helped.

Q: Would you see this as an aim of PNP, helping people to see themselves in a role of helper and helped?

Yes. I think that someone phones up wanting help; that's all they are interested in for the moment. They're in a spot for one reason or another. And the way one gives help is to do it in a way that doesn't take anything away from them. There are no costs in the psychological, as well as the monetry, sense. They can still be themselves and they don't have to feel that they are a patient and I'm a doctor and they must respect me. So that when they feel a bit clearer and they feel they want to help other people they find that the way help is given in PNP is just talking with each other. So that, even though they come to me for help, they find themselves hearing about me and me hearing about them and they discover that the most helpful way to be helped is to be helping as well, listening to somebody else.

Q: They have got something to give?

Yes.

BIRTHDAY IN BEDLAM

Late autumn and it was still dark as the bus took me out of town to work. The overcast sky curdled into rain-clouds and a few leaves flickered away from the drooping birches. The bus throbbed heavily as it started to climb and I dozed off. I vaguely heard the driver call out, "Bethlehem Hospital" so I stumbled out on to the road. The hospital annexe with its thick dirty cream walls and heavy double-framed windows looked grim in this half light, lying up against the sombre firs. A stark white face appeared in one of the upstairs windows. I wouldn't even have time for coffee before starting work; Brown was already out of bed. Upstairs, I dragged out my keys and let myself into the men's department. His face lathered from collar to hairline, Brown was waiting for his safety razor which was locked away in the office. As usual he announced that if you are going to shave and clean up you might as well do it properly. I changed into my white surplice and the morning rituals began. Poking my head into the kitchen I grunted, "Good morning," to the other attendants and said that I'd go and check on Bob and John. I unlocked their door and the warm animal smell of the bare room wrapped round me. John squatted naked in a corner studying his clawlike hand. His sheets were almost dry again so I led him back to bed. Bob was also naked, his bedclothes on the floor. He lay half asleep with an accepting childlike expression, his hands clasped together over his chest, his head tucked awkwardly along one shoulder.

"Good m rning, Bob."

"Good morning, Bob," was his reply.

"You've wet your bed again. Why?"

"Why what?"

"Why have you pissed in your bed?"

"I saw the devil."

"When?"

"Just now."

"How? Am I the devil then?"

"Yes."

"But yesterday you said that you were the Devil yourself."

"Yes."

"Well, out of bed, I'll have to change your sheets."

He stood for a minute under the high window shaking his whole body. John lept past Bob into the corner as I turned to change his bedclothes also. The floors were washed and patients in the large wards woke up. They waited by the office for their razors and then shambled over to the row of steamy basins against one wall of the ward. Slowly the clatter subsided and breakfast trolleys were pushed out into the corridor. A few inevitable complaints and I took a tray along to Bob and John, who were kept in bed until the middle of the morning. I stayed in the room while they ate: otherwise John would have wolfed Bob's breakfast as well as his own. Bob looked sadly at his food but wouldn't start eating so I fed him a mouthful of porridge.

"Does it taste good?"

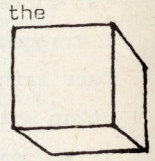
"Mmm."

He took the spoon from me, filled it and asked me, "Do you want some?"

"No thanks, I'll soon be eating breakfast myself."

After breakfast we gave bedridden patients and some others enemas. Soon the bathroom was full; John and two others sat solemnly on a row of thunderboxes, while Bob lay on a low wooden trolley. He was attached by a red rubber tube to an enamel container half-filled with soapy, warm water. I sat on the edge of the bath with another attendant, smoking to kill the foul stench. Bob was mumbling,

"Drink blood and die of lukewarm leukemia, lukewarm leukemia."



Another asked, "Can I get up."

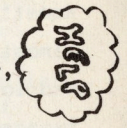
"No, not yet."

"I want to get up. This is part of my torture, isn't it?"

"No, it's just that you're constipated."

"I know it's not your fault, you have to do this. But I'm all blocked up and this is part of my torture."

Bob burst in, "I, I, I is all you say but I say, love one another."



Silence and John just watched his fingers. I asked the third pot-sitter, who looked restless, if we should sing a song. The broken chant echoed rather flatly in the bathroom.

"Doctor Foster went to Gloucester in a shower of rain. He stepped in a puddle right up to his middle and never went there again."

Another silence and then by himself, "Away in a manger, no crib for his bed, the little Lord Jesus - no, can I get up now?"

A few gurgles and rumbles, then I led John back to his room; Bob took his place on the thunderbox. The service was soon over.

Slowly the morning trickled past; the doctors made their rounds and the psychologist took a couple of patients away to his office. Just before lunch the outside bell rang and a Roman Catholic priest came in to see his sheep. He spoke a few minutes to each of his people; he wanted to talk of despair and confession, forgiveness and love, but if they talked at all, they asked him for books, cigarettes or visits. One Catholic, whom he found coming out of the bathroom, confided in him, "Father, life is a bugger when you can't pee."

"Yes, I understand, but please, try not to swear. Would you like to talk for a while?"

"What's the use when you can't pee? I am all blocked up."

The priest turned away and walked through the wards greeting everyone; he tried to start some conversation. Bob, who was now allowed to walk about in the corridor, wanted to talk.

"How long will it take me to love everybody?"

The priest smiled knowingly at me and answered, "A long time."

"Will you tell me when it is midnight?"

"I'm sorry, I can't, but why do you want to know when it is midnight?"

"I've got something to do."

"What?"

Bob leant closer: "Masturbation. I must do this one thing. You know the communion of all flesh. Well I say, love one another. Love is a many splendoured thing."

The priest looked embarrassed but I laughed to myself and wanted to ask him what happened to the souls of the insane. Did they go to limbo, purgatory, heaven or hell? Soon he walked out, after self-consciously greeting some more patients.

I was on double duty so I went for an early lunch, then sat in the library for a while flicking through some magazines. The day was still sullen and cold and when I returned to the annexe the wards seemed darker and closer. The patients were listless, reluctant to go down into the garden for the afternoon; they sat about trying to read or play chess or cards. A few visitors came but the dullness only thickened. Bob's father came but most of the time he just sat opposite him staring glumly at the floor. Once I heard them arguing about some pyjamas that had been lost in the wash but Bob really couldn't care; he wanted to talk about love and leukemia, Communism and Christianity. His father soon asked to be let out, after leaving some cigarettes and chocolates as a token of parental devotion. Bob despaired, "My father doesn't want to see me again. I'll stay here for the rest of my life."

I tried to play chess with him; he told me to take the black men and warned me never to play with a communist.

"They will surround the Queen and when she is dead they can do whatever they like. They've killed thousands of innocent people." Bob stood up and began to walk away.

"I've killed my father, there on that sad height."

"No, I saw him leave after talking to you."

"Well, then my mother murdered him."

"How?"

"She doesn't believe in anything, not Christmas, nor Easter. She'd never come to see us at Christmas time."

"Don't your parents live together then?"

"No."

Cont. on inside back cover.

The article on the incidents at Farleigh Mental Hospital in Red Rat 2 is to be criticised for failing to get to grips with the real problems of subnormality which it raises. The lurid accounts of attacks on the two men who died are more in keeping with the Daily Express than the Red Press.

Nothing I say here is intended to condone the actions of the three nurses involved; two of them had already been dismissed for cruelty from a nearby mental hospital, and prison sentences were quite appropriate. However, it is necessary to know more about hospitals for the subnormals and the people who live or work in them.

No discussion of the condition of institutionalised subnormals was started in Red Rat 2. My experience of looking after subnormals, psychogeriatric and long-stay psychotics taught me not to be too optimistic in trying to improve their life-situation. The occupants of total institutions - subnormality hospitals, psychiatric hospitals etc., - are in many respects analogous as Goffman has brilliantly described. The common feature of subnormal, psychiatric and geriatric institutions is the bleakness of the standard of life they offer to their inmates.

Mental Nurses

Nursing has always been a short-staffed occupation. However, the distribution of staff is uneven: teaching hospitals generally have an adequate number of nurses, while non-teaching hospitals are less fortunate; general hospitals are better staffed than psychiatric hospitals, while subnormal hospitals have most difficulty of all in getting staff. Farleigh hospital is a non-teaching hospital for the mentally subnormal in the wilds of Somerset, so they take what staff they can get.

The majority of nurses in psychiatric and subnormal hospitals come from the lower levels of the working class; wages for nurses are notoriously low, even by the standards of other public sector workers. However, they are only weakly unionised, and have negligible trade-union consciousness; they form the lowest of the social layers which style themselves as 'professions' (excluding the oldest profession of them all, of course); hence in some ways they think like teachers, who identify with the bourgeoisie, but are objectively far removed from it. In addition the nature of medical training is essentially like an apprenticeship, so they are much less open to extreme political ideas than other workers. In general terms, nurses form one of the most backward layers of the working class in terms of their class consciousness, self-organisation, labour traditions and so on; however, some at least have a high degree of altruism, which is necessarily filtered through the paternalistic anti-sex, anti-drug etc. atmosphere of the mental hospital. Very few mental nurses are class conscious and where they are it is not through experience as nurses; rather it is through some other previous job, probably a manual job, but possibly in the police; some policemen are remarkably aware of the class nature of society.

Perspectives for the reform of mental institutions

One aspect of a socialist perspective on mental disorders and their treatment is the constructive reforms that could be made in the existing institutions.

1. At the crudest level, more money being available would mean that more salubrious living conditions could be created for inmates: new buildings, better furnishings, more diversions, and so on.
2. More importantly, the roles of the people who work there could be enhanced. Mental nursing could be elevated in the job hierarchy by increasing the wages and social standing of mental nurses, thus removing the job from its present stigmatised position.
3. The institutions would have to be more open to outside life: few people, even among left-wing psychology students, are aware of the poverty of life in the back wards of mental institutions, which at times resembles concentration camps: the underlife of total institutions is largelya closed book to the majority of people - hence the stigma attached to inmates and the low social priority the institutions command.

Perspectives for change in the organic causes of mental disorders

Another aspect of the socialist perspective on mental health is the effect a proper distribution of resources would have on the occurrence of organically based disorders. Certain forms of mental subnormality stem from physical deprivation, often of the unborn child. Many minor forms of disorder - hydroencephalism., phenylketonuria, etc., can be progressively eliminated by raising the standard of life of the bearers of children. Nevertheless, there will probably be a residue of organic disorders which cannot be eliminated - epilepsy, Parkinson's disease, etc.

One particular organic disorder which may be eliminated under socialism is general paresis of the insane. This crippling disorder, which occurs in a small number of cases of late syphilis, could in principle be eliminated under capitalism by suitable antibiotics treatment of all those infected. However, the stigma attached to venereal diseases means that many infected persons never seek treatment; this stigma will have to be publicly combated. A small number of prostitutes are the primary sources of syphilis, and these sources are never detected by the venereologists; only the progressive elimination of the need for prostitution will remove the social basis of this disorder.

Perspectives for change in the psychosocial causes of mental disorders

All that has been said above pales into insignificance by comparison with the improvement in mental health we may anticipate under socialism. Most forms of deviancy in our society - criminality, subnormality, mental illness are rooted in consciousness, not in brain or body states; the principal Marxist perspective on mental illness is in terms of the relationship between consciousness and its social determinants - work, family life, social class, etc. Psychologists of the Eysenckian kind have consistently missed the connection between social forces and mental deviancy; this is no accident, but a direct result of the inadequate and mystifying nature of bourgeois psychology.

Class

For example, in noting the correlation between 'delinquency', 'subnormality', 'psychopathic tendency' and so on in American negroes, the reductionist would miss the general conclusion about the condition of the American black: the aspects of their life-style which are unacceptable to bourgeois society stem directly from their historical position as an oppressed social class. Only in the process of liberation by social revolution will American negroes throw off their antisocial traits.

The family

Many functional disorders can be traced to socialisation in the bourgeois family. The nuclear family - mother, father, 2.4 children - is one of the prime determinants of our conscious lives. In it we learn the mores to guide us into bourgeois society, and to this unit we must return to rear children, to get moral support, to get material help. The relationship between the structure of the bouregois family and mental life has been demonstrated, in

a somewhat confused way, by R.D.Laing. It seems probable that a correct understanding of most psychotic states can be achieved through a close analysis of the individual's social relations, which means his family life in the first instance. Such an analysis would further strengthen the critique of the bourgeois family espoused by socialists since Engels.

Work

Still other functional disorders are to be understood in the relation of the individual to his work. In all probability such concepts as 'endodenous depression' would be abolished if the individual's alienation from his work were put before the psychiatrist. Alcoholism and heroin addiction too can be understood much more clearly with a historical perspective; the connection between drink and the condition of the working class is well-established.

Conclusions

Most deviant forms in our present society, including mental illness and subnormality, can be understood by a careful extension of dialectical materialism. These deviant forms will then come into a revolutionary perspective; that is to say, we amy hope to see them eliminated in the course of social revolution, and in the subsequent process of resolving contradictions in the social system.

The sort of reaction to Farleigh in the Red Rat article is essentially middle class and anarchic. With care we may dissect from bourgeois psychology some elements of truth which may be integrated into an objective view of the human condition. In this process the various fragments of bourgeois ideology - 'psychology', 'sociology' 'medicine' - will merge into a more coherent view of the human condition.

RED RAT replies:- The eye-witness accounts of the incidents at Farleigh Hospital (RED RAT 2) were factual and restrained, and were taken from the Times, rather than the Express. They did, however, describe extremely disturbing and lurid events

Apart from publicising the undoubtedly scandalous conditions that exist in some hospitals such as Farleigh, an account of this extreme and (hopefully) unusual series of incidents might point to relationships existing, to a lesser degree, in all hospitals.

Agreed, mental illness and the treatment of patients must be understood in terms of the total society, as well as the individual, and a dialectical analysis of society and the family will demystify mental illness.

However, it is over-optimistic to expect the problem of mental illness to disappear after the socialist revolution. Then, when man has become the subject of history rather than the object of blind economic forces, he will be really responsible for relating to, and helping, the distressed and 'difficult' members of society. Socialist revolution will not remove all socially based forms of mental anguish. The responsibilities and stresses of a fluid democratic society may create new patterns of disorder that may require new help and understanding.

my Rat feels Red

Suddenly everyone's knocking Esalen, Sensitivity, awareness, encounter groups. First it was Peter Simple. Now it's RED RAT (see issue No.2). And in Amerika:

> And what psychologists do, then is to develop techniques for the people who objectively are relatively privileged to deal with the symptoms of their oppression. And so you have the development of sensitivity training which now functions so that people can go off in a corner of some room or some hotel, take off their clothes, and play touch-me-feel-me games while there are still millions of people running around the country hungry, while there are still millions of people being killed and deprived of a basic standard of living throughout the world because of the United States capitalist system.
> (Howard Godlin - Assistant professor of psychology at the University of Massachusetts.)

What Esalen did was to develop a number of new group techniques, and then make a living by initiating into them anyone who was interested and had the money to pay.

A MISTAKE

I think there are two feelings which underlie the objections - first, that encounter groups claim to be in the liberation business and therefore to cut across the revolutionary's own home territory; and second, that encounter groups do dirt on the liberation business by trivialising it.
Taking the second point first, the idea that there is anything trivial about encounter groups is just a mistake. Luckily, it is an easily explainable mistake.

The typical encounter group runs through three phases: these may interpenetrate, but usually appear in this order:

a) Coming into the body and into the here and now.
   (Almost entirely non-verbal)
b) Encounters with others.
   (Partly verbal, partly non-verbal)
c) Encounters with the self.
   (More verbal, partly non-verbal)

All three of these may be carried out at a shallower or deeper level: normally, of course, one would start with the shallower and go on to the deeper.

The most accessible description of these techniques is to be found in "Joy" by Bill Schutz, the 1969 Grove Press paperback edition, but many newer books are becoming available, by Rogers and others.

When we look at any public demonstration of encounter techniques of which several have been put on in England in recent months, what we find is that the demonstrators attempt to deal with (a) at some length, and (b) in a more sketchy way; but (c) is hardly touched at all. All the things which are done, are done at a relatively shallow level, and tend to be mainly non-verbal.

There are three main reasons for this: first, there is often not enough time to work through anything very deep or personal; second, people may try these things out at home themselves, and one wants

to give them things that are safer rather than dangerous - and third, there may be rather large numbers of people taking part.

But whatever the reasons, obviously what the revolutionary observer or reporter experiences in such a demonstration is something relatively trivial, and it is quite natural for him or her to assume that if it went on longer, there would simply be more of the same - maybe people would even have the courage to take their clothes off, maybe they would fuck on the floor - and at this point his imagination and the imagination of the reporter from the News of the World become almost indistinguishable. And so the impression of a sort of mindless hedonism becomes fixed.

The observer also tends to make a second mistake, which intensifies the negative impression already aroused by the first. He keeps his eyes open.

One of the most universal preliminary instructions is to close your eyes. The reason for this is that people doing exercises to liven up their bodies often look a bit silly; and people feeling one another to establish contact look even more silly, in much the same way that a fucking couple may look silly. These activities are physical, tactile, the opposite of visual. To look at them is about as sensible as trying to understand a photograph by listening to it. It is just a different mode.

THE REALITY

If these are mistakes and misconceptions, then what is the reality? The reality, as I have experienced it, is that an encounter group consists of about a dozen people, pretty evenly balanced between men and women, some of whom have probably met before, while others have not. After the preliminary exercises, the group sits down, without fixed chairs or other structures, and responds to the stimulation of the group leader. Some deeper "other-encounter" exercises may be brought in. Before long, something said or done by one group member will start the group leader into trying to work with that person, in an attempt to get some knot unravelled, some hang-up worked through, some block removed, however one likes to phrase the process. The other group members may help in this, either spontaneously or at the request of the leader.

Gestalt techniques, psychodrama and psychosynthesis are the main methods I personally have seen used at this stage, but of course there is no limit to the range used by different leaders at different times. Some of these methods can go deep into unconscious material, and some very dramatic things can happen.

Something I have tried myself is, instead of working with individuals in this way, to keep the group as a group, and say - "The revolution has happened. The world outside is just the way you always wanted it to be. What do we do now?" This can lead into a group fantasy which can be very fruitful and revealing.

The possible approaches one could bring to the basic group situation are endless.

At this point, the idea that encounter groups are in some way trivial just evaporates and disappears. They offer a serious way of coming to grips with one's problems, and coming to terms with oneself. They offer a new way of relating to other people. They offer an experience of liberation.

And this brings us to the first point we raised earlier. Encounter groups, so the accusation ran, claim to be in the liberation business, and therefore cut across the revolutionary's own home territory.

What I would like to say is that all psychotherapy does this. But of all the forms of psychotherapy known to me, encounter groups seem to be the quickest, most effective and most directly

relevant. And what I would like to do is to enlist psychotherapy in general, and encounter groups in particular, on the side of the revolution.

What could be more logical? Revolution has always had at least these two aspects - changing individual people and changing the institutions and structure of society. Here is a way of letting the two go hand-in-hand.

THE COLLECTIVE

The way I see it happening is for each revolutionary group which meets at all regularly to send one of its members to learn these techniques. That person then runs encounter groups for old, new and potential members. As other people learn the techniques, the leadership ceases to be concentrated in one person.

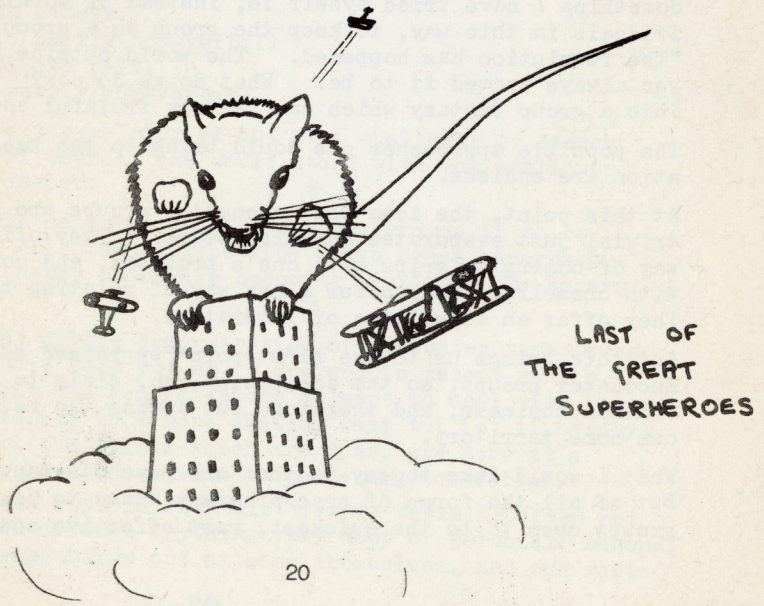
One of the things maybe one objects to about the existing encounter groups is that the group is temporary and artificial. The feelings of warmth and acceptance are dissipated afterwards, when one goes one's own way. But the revolutionary group can use these feelings as a great source of energy: they are not dissipated, they are reinforced. They can build, add, increase and ultimately transcend.

One revolutionary collective which has used these methods calls the meetings the "cell-building" group, and has incorporated into them exercises designed to make for instant communication at demonstrations, etc. Other possibilities include the role-playing of encounters with police, caretakers, porters, guards, soldiers, etc. We can make of these meetings what we like.

If we can use encounter groups we do not need to reject them, though we may reject paying for them.

I want to feel you. I hope you want to feel me. That is part of what I want from revolution. This fits in with the whole emphasis in today's revolutionary thought on the small group as the appropriate unit, rather than the mass party. Marcuse has said some good things about this in his Essay on Liberation.

This is an easier area to experience and to live than it is to talk about. What seems hard to understand, logically contradictory, conceptually loose from outside seems true and obvious from inside. So better end here. What I have tried to show is that we shouldn't knock feeling, because feeling is at the heart of the revolution.



Dance on, Maslow, old son!

I want to know Maslow, because his idea of self-actualization is a powerful one (O.K., so he pinched it from Goldstein) and he had a lot of good things to say about it.

"Self-actualization" opens up a whole range of things I want to think about - freedom, creativity, love - without losing touch with psycology. As Maslow uses it, it is a bridge-building concept.

I don't want to have to leave psychology behind - I just want to make it adequate to talking about people like me. And I want social psychology to be adequate to talking about groups like the ones I find myself in, or choose to join or create.

Maslow does seem to me to offer a way of thinking about really interesting things. But the more I try to think in his terms, the more I find him making two mistakes. If I put those mistakes right, I think his ideas take on a new dimension which makes me happier to use them.

The first mistake is to tie in growth motivation with self-actualization. Growth motivation, or abundance* motivation, as I prefer to call it, is found at every one of Maslow's levels - physiological, safety, belongingness and self-esteem - and not only at the level of self-actualization. This comes out clearly in White's remarks about the way in which the "oral stage" is clearly also an exploratory stage, a play stage, a curiosity stage, and so on. The baby does not have to wait to become "self-actualizing man" before he can get away from defiency motivation.

So I want to say that at every level of activity we can find deficiency motivation and abundance motivation side by side. The experiences we have can either emphasize one or the other. John Holt has clearly shown how education can play up defiency motivation and play down abundance motivation, and usually does. (Paul Goodman, Jules Henry.)

At every point, then, what we do can either help to drive people back into deficiency motivation, or help them to grow and become more abundant. And a society, a culture, can systematically and structurally do one or the other.

But the same thing is also true of the level of self-actualization. Maslow writes as though this were totally a stage of abundance motiviation incarnate! But in his later writings he began to see that this was not so - that deficiency motivation could exist at this stage, too. "If the sole good in life becomes

*See Appendix for discussion of whether abundance motivation should be called "motivation" at all.

the peak-experience, and if all means to this end become good, and if more peak-experiences are better than fewer, then one can force the issue, push actively, strive and hunt and fight for them.....
More and more exotic, artificial, striving 'techniques' may escalate further and further until they become necessary and until jadedness and impotence ensue."
This is the deficiency side of self-actualization, which in the original formulation was supposed not to exist.

So that is the first mistake. The second mistake is quite different, and is the general mistake of humanistic psychology. Again Maslow noticed it himself, but too late to do anything about it: "I now consider that the book was too imbalanced toward the individualistic and too hard on groups, organizations and cummunities."

I think we have to go beyond the level of self-actualization, as a purely isolated individual thing. How about having some more levels or stages to think about? Like:

6. Spreading the good stuff
7. Constructive conflict
8. Transcendent co-operative activity
9. Universal consciousness

At level 6 one just knows that one's sympathies are not restricted to one's own skin or the present time. As Maslow points out- "The Buddhists distinguish the Pratyekabuddha, who wins the enlightenment only for himself, independently of others, from the Bodhisattva who, having attained enlightenment, yet feels that his own salvation is imperfect so long as others are unenlightened." And this sympathy may easily extend to animals, as well as to small groups and to organizations.

At level 7 the ability to say "No!" is crucial. Again, Maslow does mention this - "Some data are available to indicate that self-actualizing people (sc. anyone beyond level 4) and healthier college students give vent to their justified indignation more wholeheartedly and with less uncertainty than do average people." This is the level at which dialectical thinking becomes really important. This is essentially revolutionary level, in contrast to the gradualism of level 6. (Charles Hampden-Turner.)

At level 8 one also sees one's own society "from the outside", but is also committed to a group of others as real people. The person finds himself in and through others, together with whom he is creating a community which creatively criticises the existing society. Maslow says little or nothing about this. We have to turn to Marcuse, who says - "The iniative shifts to small groups, widely diffused, with a high degree of autonomy, mobility, flexibility." These small groups are not so serious as those at earlier levels. They "revive the desperate laughter and cynical defiance of the fool as means for demasking the deeds of the serious ones who govern the whole." (An essay on Liberation.)

At level 9 neither Maslow nor Marcuse help us very much. Norman Brown says - "The unification of the human race: a mental fight, a struggle in and about mens minds. The rents, the tears, splits and divisions are mindmade; they are not based on reality, but on what the Buddhists call illusion, what Freud calls unconscious fantasies."

This is a hard thing to visualise, even harder to make real. There is something about it in "The Electric Kool-Aid Acid Test", particularly in references to Arthur Clark's "Childhood's End". It seems that this is a level which is, in some way, beyond catastrophe. Maybe we can only have glimpses of it. (Love's Body.)

Bring two halves together. At each of these further levels, defiency motivation and abundance motivation exist side by side. Anything we do can eitherbe done in a defensive, routine way, or in a free-flowing, outgoing, creative way. This now seems to me a scheme of thought I can use.

I've tried to write this in an open way, not the closed way. Each paragraph could be a chapter, with references, and other belief-inducing artefacts. But the basic idea is very simple. Why hide it?

appendix

Maddi criticises the whole idea of abundance motivation, on the grounds that the word"motivation" necessarily involves the idea of the specific goal.

This is an idea he gets from Richard Peters, whose concept of motivation is as off-beam and useless as most of the concepts of present-day analytical philosophers so well exposed by Gellner.

What we call abundance motivation, Maddi wants to call "organismic requirements". It seems clearly wrong to do this. A partial list of abundance motivation, according to Krech,Crutchfield and Livson, includes:

Attaining pleasurable sensory experiences
Sexual pleasure
Constructing and inventing objects
Playing games
Seeking enviromental novelty and change
Enjoying other people's company
Being independent
Expressing oneself
Finding values
Discovering place of oneself in the universe

Some of these require very definite sets of purposeful actions to carry them out. It seems absurd to say they do not represent motivated action at all.

I much prefer Littman's approach. He has a very good discussion of all the things which psychologists have put together under the heading of "motivation", and produces an immensely long definition of motivation.

He then says - "Now, I think you will agree that there isn't anything that might be called motivational which cannot get inside this definition. The only difficulty is that there doesn't appear to be much of anything else that a psychologist might be interested in which it would exclude. And that, I'm afraid, is true." In other words, if we deal adequately with motivation, almost everything else is psychology will be brought in, too. I like this view of the matter. It seems very true to life.

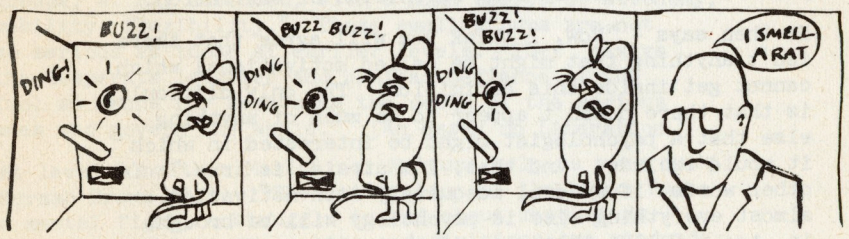
This view leaves it open to us to use the concept of "abundance motivation" as a topic of investigation, and that is what I personally intend to continue doing.

how to be a psychologist

Some students, though, will say, 'I want to study psychology because I want to study human nature' or 'I want to find out what's what'. To do some good. And then I tell them, well, forget about graduate school. What kind of good will that do? Do you want to help the mentally ill? Then get yourself committed to a mental hospital... Stay there for a year or two; you'll learn more about mental illness in that two years than our profession has learned in a hundred. If you want to learn about delinquency and reducing crime, go down to the tough section, learn the crime game, learn how to make man-to-man contact with tough guys, learn from them why they are crooks and criminals. Spend a year in prison, not as a psychologist but maybe as a guard, or cleaning up the garbage, and you'll learn more than you will ever learn from the criminology textbook! That is how it goes. There is no problem that can't best be solved and best worked out at this stage of ignorance by getting right into the reality...

Where can we go? Answer number one is to get out into the world, go to where the really important events, the events which you think are important, are happening and climb into them. That, by the way, is how all the great advances in science as well as in politics have taken place. Answer number two to the question, where can we go, is: Go inside. Go into your brain; start using the untapped region of your head. Here, my friends, is the real frontier, the real challenge, the real opportunity.

Dr Timothy Leary



notes on women's lib

In "The Female Eunuch" Germaine Greer argues against the role of the female as it is conceived by the majority today. Her main point is that the 'feminine' role is achieved by distorting and diminishing the potentiality of the individual female.

This is obviously true. Endless examples can be (and are) cited. For example, it is pointed out that girls are encouraged to aim at marriage as their goal in life with never a thought of exploring their capabilities in other directions. Their natural aggression is curbed as they are taught to be dependent and reticent. The result is that many women, especially those who marry young and go from dependence on father to dependence on husband, are lacking in self-confidence, drive and initiative.

Amongst those who accept the conventional female stereotype it is considered unfeminine for a woman to put forward a definite opinion or to contradict any man. Even amongst 'educated' people it is noticeable that in a mixed group discussion it will almost certainly be the men who do most of the talking.

The encouragement of passive dependent qualities does not tend towards the full development of the individual. More consideration should, however, be given to the other side of the coin.

The generally accepted 'masculine' role is aggressive and controlling. This, in practice means that men always have to pretend to be in control of a situation, even when they are not, and to force themselves to be aggressive when they don't feel like it. Large numbers of them must feel that to be a woman is a soft option. A woman who is mediocre at her job has no need to try to prove herself - especially if she happens to be attractive. She is expected to be fairly mediocre, and if she is not, well, that's a pleasant surprise. A man feels that he must do well - or be branded as a failure.

If there were no set stereotype for each sex, life would be easier for those who do not fit in to the expected stereotype. However, the removal of any formal sex roles would pose a new set of problems. Instead of the fairly simple task of bringing up a child to behave appropriately as a member of the right sex, parents would be faced with helping each child to fully exploit his individual possibilities. Would this be easier or harder ?

It would be interesting to see whether people continued to be attracted primarily by members of the opposite sex, or whether attraction would be indiscriminate. Is sex attraction based mainly on physical or psychological attributes ?

It seems likely that the family system as we now know it could not stand up under the strain of all these 'individuals'. The present system depends on the female being convinced that she wants to be dependent and nurturing, and upon convincing the male that he wants to be competitive, aggressive and 'in charge'.

What happens to the children if neither parent particularly wants to look after them ? Or is the maternal instinct so deep rooted that it will solve the problem ?

Book reviews - Goffman, Reiche, Hampden-Turner

Sexuality and Class Struggle - Reimut Reiche - NLB 1970

"Sexuality and Class Struggle" expands the analysis of the authoritarian personality and its relationship to capitalism in an attempt to account for the characteristics of late capitalist society.

Reiche suggests that throughout the development of civilisation from primitive stages to complex industrial society, the expression of man's sexual drives has changed in relation to the social and political structure through being harnessed in the interests of exploitation. More specifically, he suggests that early capitalism required oppression to work as a inner compulsion, for which the anal-retentive/authoritarian personality was admirably suited. His main preoccupation is with explaining why the polarisation between the ruling class and the proletariat which Marx predicted would take place prior to the revolution has not yet happened. He suggests that changes in late capitalist society such as the growth of arms economies (the production of goods which cannot be consumed), and the expansion of markets for unnecessary consumer goods have changed the focus on the individual from producer to consumer. Capitalism no longer requires the obsessive compulsive personality, whose rigid adherence to the protestant work ethic assured continuous production. Now the consumer must be flexible in responding to the needs of the system, and he must believe these artificially created needs to be his own.

Reiche then goes on to develop a psychological theory of how false needs are aroused and relentlessly pursued by the unwitting consumer until he is suddenly required to change. For evidence he looks to the mass media, and through an analysis of advertising and glossy magazines, arrives at the theory that twentieth century man has changed from the anal-retentive archetype to a 'highly variable fetishist'. Alongside this is a description of how 'repressive desublimation' expresses itself through permissiveness, and a psychological theory about what effects these recent changes have had upon the ego structure of the personality.
Whilst noting that as a contribution to revolutionary psychology, this book is of major importance, there are several criticisms which must be levelled at Reiche's approach.

First,he does not state his position on the relevance of sexuality to class struggle, and neither can any such position be deduced from the book. Indeed, he seems to studiously avoid the issue. But as far as the Left in concerned it is a crucial one. Is sexuality so intrinsic a part of revolutionary struggle that the class revolution cannot take place without the sexual revolution ? If so, then we need to rethink very carefully the whole of Marxist theory in order to accommodate this new dimension. Or is exploitation through the medium of sexuality simply a facet of the all-pervading nature of oppression, the destruction of which can only take place through first changing social relations ? It is clear that if sexuality is relevant to class struggle then we must discuss the nature of the relationship in order to participate in the struggle. Unfortunately we are not, contrary to any implications from the title of this book, introduced to this discussion.

Second, apart from somewhat doubtful feelings about the meaning (if any) of 'repressive desublimation' I find Reiche's analysis of personality and ego structure in relation to capitalism rather simplistic. It suffers from the affliction of being a post hoc observation, and lacks the predictive vision of Marx. We are asked to believe that there is a one to one relationship between political structure and the personality type which that structure requires - and then to go ahead and make the revolution. Marx showed how capitalism contained the seeds of its own destruction, but Reiche fails to show this in the case of personality. His theory would lead us to believe that the revolution is done for because capitalism has destroyed us all. A truly dialectical description of the oppressed personality should contain the potential to rise against the oppressors. Because his theory lacks this dimension we are forced to conclude that his exhortations to 'build more realistic communes' must fall on stony ground.

His use of evidence drawn from the mass media in this context, although fascinating, is likewise of doubtful value, since it assumes that people unilaterally capitulate to behaving as the advertisements demand. In the same way that his personality theory fails to incorporate any embryonic possibilities for autonomy and political action, his analysis of the media also fails to investigate any possibilities of rebellion against this coercion, since he confines the idea of rebellion to the political sphere. Rebellion may show itself in other ways than classical political ones (for instance the hippies movement may be seen as a non-political rebellion) and it is important to see these individual rebellions not as pathetic prostitutions of the real class struggle but as genuine potential for being transformed into class rebellion.

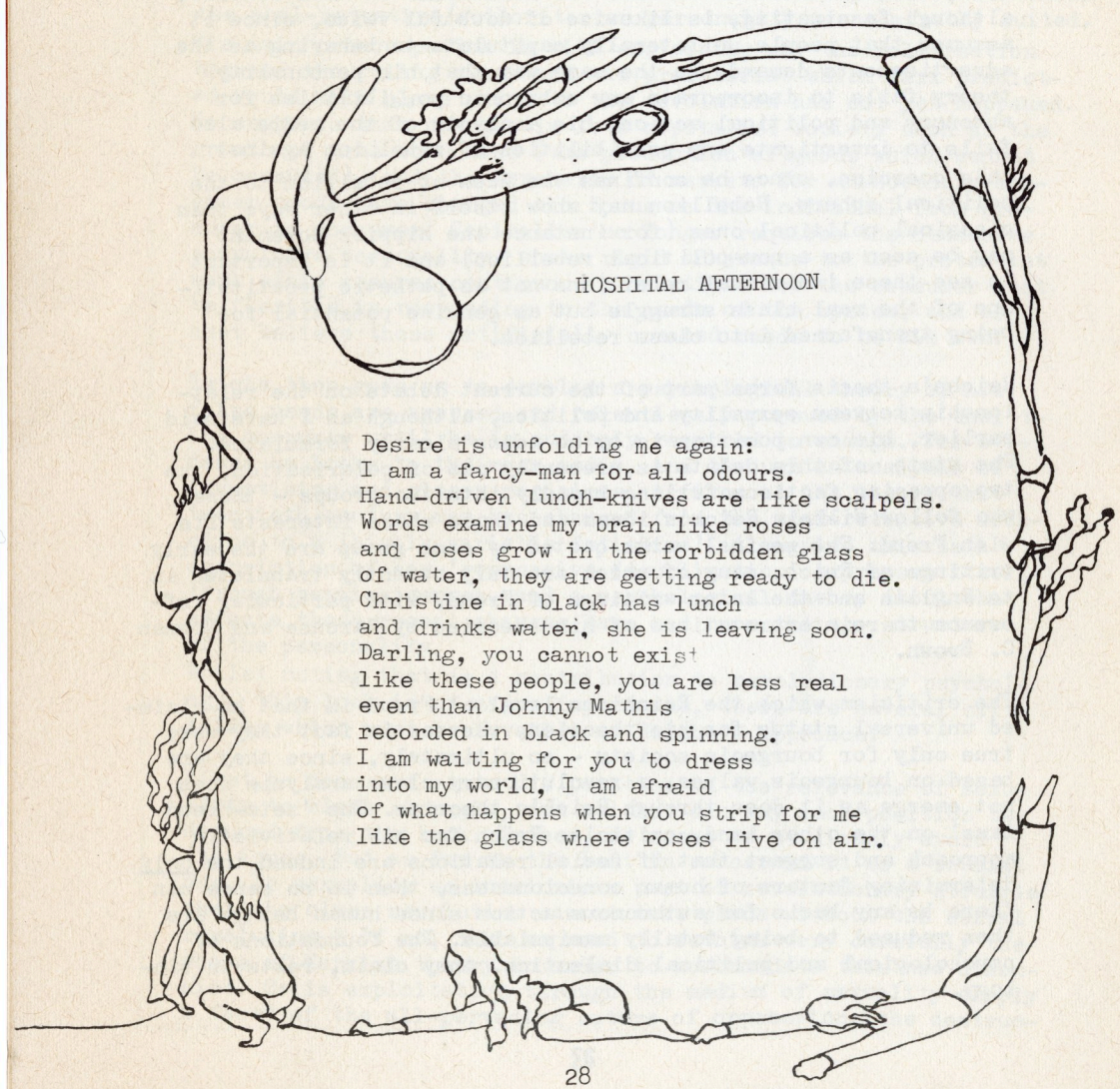
Reiche's thesis forms part of the current debate on the relationship between sexuality and politics, although as I have said earlier, his own position is by no means clearly formulated. The state of this debate is presently one of polarisation, the two opposing factions falling broadly into two groups - those who follow Wilhelm Reich's ideas and those whose interests lie with Freud. The seminal works quoted by each group are the early writings of Reich, many of which are only recently translated in to English and the later writings of Freud, with particular reference to reinterpretations of his theories by Marcuse and Norman O. Brown.

The criticism which the Reichians level at Freud is that he claimed universal status for his theories, whereas in fact they were true only for bourgeois society - so ultimately, since they are based on bourgeois values, a revolutionary class analysis does not emerge as it does through Reich's theories. The 'meta-Freudians' on the other hand, criticise Reich for his relativistic approach and suggest that if social relations are indeed the only determining factors of human consciousness, then in no sense can there be any basis for autonomous action since human beings are then reduced to being totally manipulable. The foundations of psychological and political dialectics, they claim, rests in biology.

It is possibly one of the few generally agreed upon facts of psychology that the vigour with which theories are defended is a function of their emotional significance, and it is a mark of their greatness that both Reich's and Freud's theories are of this nature. What we need, however, is a synthesis of these two approaches which does not fall into the trap of trying to locate human nature - the real essence of which is to be found in the dialectic of biology and culture.

On the one hand we must realise the liberating potential of a theory which does not demand of the revolution solutions to all our problems, especially those which stem from the biological facts of life and death. And on the other, we need a political analysis which demonstrates the extent of our oppression in order to know ourselves as part of the enemy.

Although, as I have previously suggested, Reiche's book contributes nothing specific towards developing such a theory, he does draw extensively and critically on both Reich and Freud, and this, if nothing else, singles out 'Sexuality and Class Struggle' as by far the nearest approximation we have towards the foundations of a revolutionary psychology.



HOSPITAL AFTERNOON

Desire is unfolding me again:
I am a fancy-man for all odours.
Hand-driven lunch-knives are like scalpels.
Words examine my brain like roses
and roses grow in the forbidden glass
of water, they are getting ready to die.
Christine in black has lunch
and drinks water, she is leaving soon.
Darling, you cannot exist
like these people, you are less real
even than Johnny Mathis
recorded in black and spinning.
I am waiting for you to dress
into my world, I am afraid
of what happens when you strip for me
like the glass where roses live on air.

RADICAL MAN: The process of psycho-social development
Charles Hampden-Turner Published Schenkman 1970

This is a bold and original book, which challenges a great deal of what passes for psychological research. The writer quotes McClosky and Camus with equal relish, and uses fictional characters as readily as laboratory subjects.

The starting-point for understanding this book is the work of Maslow, whose recent death was such a tragic loss for psychology. It builds on his idea that the end-point of psycho-social development is the self-actualising man, who has been so fully described in Maslow's books. Hampden-Turner extends this idea by postulating a whole self-reinforcing cycle of action, involving free existence, open and accurate perception, strong identity, high competence, intense and authentic investment of self, periodic suspension of cognitive structures (involving risk), a desire to bridge wide distances between the self and others, and so on. He then goes on to try and link these connected forms of conduct with the results of personality and attitude instruments, and then feels able to show that the new left activists described in the researches of people like Rokeach, Doress, McClosky, Barron, Flacks, Keniston, Paulus and others correspond in large measure to this model.

In other words, what he is saying is that the new left activists described in these studies are actually closer to the best that man can become than other students, or than the general population. They represent radical man.

He then sets up an opposite number, which he calls anomic man. Anomic man fails to exist freely, because his perception is narrow and impoverished, his identity is locked in and stagnant, which leads to an overall sense of incompetence and anticipated loss, etc. This whole description is very much influenced by the work of McClosky, and indeed Hampden-Turner has re-run and re-analysed some of McClosky's data. As we already know, McClosky has very thoroughly demonstrated that anomy is highly characteristic of those with right-wing and ethnocentric views.

So there is a strong element here of a political stand being taken. The theory says that the left-wing people described are better, more adequate human beings than those on the right. This does not mean that he is contending for the abolition of the right:

> Unless the value and usefulness of the conservative role and the "situational conservative" is fully realised by radical groups, they will have a tendency to escalate leftwards in their expectations and then starve themselves of the success and confirmation required to maintain morale.

Nor does it mean that he is saying that the Left is automatically good or correct, and the Right automatically bad or wrong. He distinguishes throughout between what he calls the "dogmatic Left" and the "developmental Left", and shows that the dogmatic Left can be just as anomic as anyone else.

One of the most interesting parts of the book to a psychologist is his treatment of psychological research from this point of view. He regards most laboratory experiments as designed by anomic man for anomic man.

> We find an astonishing number of experiments on pain inflicting, prejudice, obedience, conformity, cheating, aggression, inauthenticity and scapegoating. Only rarely do we find experiments on affection or independence, and when we look more closely at these we discover that the "affectionate monkeys" were those the experimenter left alone, and the "independent students" were those who resisted the experimental pressures to conform, cheat and obey.

This is well said, but it seems surprising that the author takes this view and then goes along with personality tests, which also require, for the most part, an equally conformist and solemn and inauthentic procedure and approach. We are told that in 1970 at Sussex University, the personality tests given to freshers only achieved a 6% response rate. Maybe radical man is spreading even faster than Hampden-Turner thinks.

This failing, of being more lenient to research which supports one's case than to that which opposes it, is not, of course, peculiar to Hampden-Turner. Most of the great psychologists have been guilty of it at some time or other.

And because what Hampden-Turner is saying is so new, it seems appropriate to give it more scope than one would allow to work which merely trod well-marked tracks. Here is a book which, for all its weaknesses, deserves serious consideration by anyone who is trying to make sense of the world. Its influence on psychologists may well be considerable.

This is a book which one can easily take sides over. It puts a lot of research and other material together to make a theoretical point, and then tries to check out the theory by reference to other existing research. There is no research here which was carried out specifically in order to check the theory. This means that all the journalistic dangers are run of selecting and ignoring relevant evidence, running things together which are actually quite distinct, and so on.

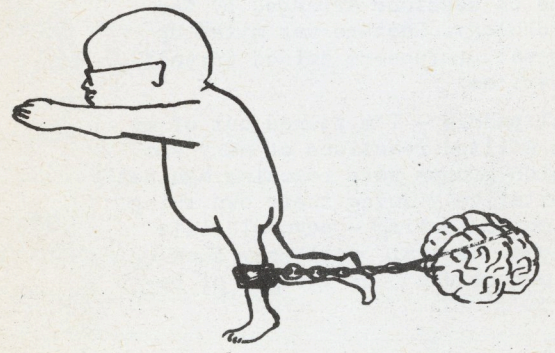
So this is a risky enterprise, written by a radical man, likely to please those who like what he says, but perhaps all too easy to dismiss by those who do not. It should be read by anyone who cares about the way psychology seems to be going at present. Behaviorism is dead. Is this the phoenix that is to rise from the flames?

ERVING GOFFMAN
STRATEGIC INTERACTION Basil Blackwell, Oxford 1970

I expected of Goffman penetrating insights into human nature of the sort psychologists tend to neglect but I found no revelations, only a tedious and apparently rambling conceptual exposition.

The book is about the calculative, gamelike aspects of our mutual dealings - strategic interaction. Many of his copious examples and illustrations are taken from the worlds of diplomacy and espionage. He is very much concerned with our ability to acquire, reveal and conceal information, with the moves, counter moves and counter counter moves as we compete with each other. His interest is to develop the study of face to face interaction as a naturally bounded, analytically coherent field. I can't judge how much this book furthers his interest because I am unfamiliar with the conceptual system his conceptual clarifications are with respect to. The product however does not seem to be particularly coherent. Psychologists have neglected the manipulative and expression management games of life but, I fear, they will get little from this book than a reminder of their existence.

Goffman, too, needs reminders. He states that he is aware that strategic interaction is only a part of human interaction, only one aspect but at times he seems to forget this. For instance, at one point, he states, 'In every social situation we can find a sense in which one participant will be an observer with something to gain from assessing expressions and another will be a subject with something to gain from manipulating this process'. I take issue with this and I hope that sooner or later in his conceptual clarifications in face to face interaction Goffman gets around to dealing with the development of authentic relationships, of selves meeting rather than being presented.



FRANCES F. KORTEN, STUART W. COOK & JOHN I.LACEY (EDS) PSYCHOLOGY AND THE PROBLEMS OF SOCIETY. A.P.A. 1970
This is a book which should be read by anyone interested in these social issues. It is unsatisfying but alive. It has a few inspiring moments. It arouses a lot of thoughts. Read it quick, before it goes out of date.

The RED RAT Award is offered to the writer of the worst research paper in any one year. Readers are invited to send in their nominations now. The senior author of the winning paper will be sent a piece of hash cake in double cellophane wrapping

a Roving Rat Reports:

NEWS & VIEWS

Right on with the B.P.S.

A radical approach to mental hospitals turned up in the April edition of the British Psychological Society Bulletin. A clinical psychologist at the Maudsley writes that the clinical psychologist must be concerned with prevention rather than cure. "This inevitably means concerning ourselves with those factors and influences outside of the treatment agency which can be seen to contribute to the degree of social pathology in the community. It means, in other words, becoming concerned with political, economic and educational solutions which traditionally our profession has regarded as outside its ken...." In the author's view there is no other "viable alternative". He goes on: "For clinical psychologists and others involved in the treatment of society ills not to concern themselves with those factors outside of the individual and outside of the hospital which contribute to the condition they are called on to treat must damn them to the chronic recognition of their own inefficacy and repeatedly demonstrate the impotence of many of their actions. In concentrating on the individual, as if interpersonal problems only had their origin in the constitution or perception of individuals, we may be conniving in the perpetuation of those conditions which contribute to the development of the problem in the first instance."

Brave words, these, from a worker at the Maudsley Hospital whose boss, H.S.Eysenck, is dedicated to the opposite point of view.

Encounter at Exeter.

Still with the B.P.S., at their annual conference at Exeter they played hosts for a couple of sessions arranged by the Association of Humanistic Psychology. Lecture was mixed up with encounter, and even the great professors joined in; well almost. Our Red Rat reporter writes:

The second A.H.P. experiential paddle - I'm stoned out of my mind - uptight at the nervous stilted reactions of many who had come along. Out of my vision groups were reacting against the experience leaders and tentatively doing their own thing. Nobody is coping with me not communicating - psychologists very worried by a non-respondent. Several people say I am an accomplice - psychologist paranoid at the thought of being in an experiment.

Who pinched Freud's statue?

Red Rat hears that the new statue of Freud, recently unveiled, has suddenly disappeared. Situated on a patch of grass between the Swiss Cottage baths and the local Hampstead library, it was more or less invisible to passers-by, so perhaps it hasn't been missed yet.

Cursing the curse.

Aparently German women don't feel pre-menstrual tension. While doing some market research, German respondents were presented with an American-designed questionaire on the subject, and, surprise, surprise, they had never heard of it.

(from page 13)

He went and lay on his bed, exhausted and resigned. Later he told me, "It's all right; we've won." He then seemed happier; he danced in the corridor an awkward, one-legged jig.

The evening passed, sloughing off one hour after another. At last the supper trolley clattered up the passage, the usual cocoa and sandwiches below and on top a cake with twenty seven candles. I had forgotten completely; it was Bob's birthday. I found him in bed, luckily not asleep.

"Happy birthday, Bob."

"Happy birthday, Bob," came the reply.

"We've got a cake for you. Can you come and blow out the candles?"

He smiled and struggled out of bed naked, so I helped him into a dressing gown. I lit the candles and stood there hoping that someone would begin to sing. Someone did.

"Away in a manger -"

I broke in. "Happy birthday to you; happy birthday to you; happy birthday dear Bo-ob; happy birthday to you."

The others joined me in tattered chorus but the candles shone bright in Bob's eyes as he tried to blow them out. Wax spattered over the icing and it was dark again. Bob lost interest and I had to cut the cake for him. He walked back to his room with a big piece and John leapt out of bed and grabbed it from him. I arrived too late to stop John from stuffing it all into his mouth. I gave Bob another piece, from which he broke off a bit to offer me. I took it and he smiled again.

I cleared away the supper things and waited to be relieved by the attendants on night duty. Before I left I looked in on Bob; he was still awake.

"Why don't you sleep Bob?"

"There are too many problems to think about. If I don't think about them, who will?"

"I will. Now just go to sleep."

"You know I'm not a child, I'm twenty seven years old."

"I know, but you must admit that at times you act like a child and you do it very well."

"Do you know why I act like a child?"

"No."

"To bring out the best in people."

I wanted to cry.

Bob fell asleep and outside in the dark it was raining while I waited for the bus.

Not only existing, but also recommended patient-professional staff ratios in mental hospitals preclude the rendering of interpersonal therapy to any fraction of the patients, simply on the basis of available time. As Clausen has pointed out, the picture is not very different in the outpatient clinics. In spite of the extremely high drop-out rate in clinics, waiting lists are enormously long. This interferes with plans for providing immediate service to acute cases to prevent further deterioration. (Handbook of Social Psychology 1969)